U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6557	2. Fiscal Year Covered From:	
	01 / 01 / 2004 Through: $12 / 31 / 2004$	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Dare11	Name	
The state of the s	Labor Organization File Number 016-715	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 4501 Emanuel Cleaver II Boulevard	Street 4501 Emanuel Cleaver II Boulevard	
City Kansas City	City Kansas City	
State State 2 In Code + 4 64130-2368	State MO SUPPORTED AND ADDRESS OF THE PROPERTY	
5. Position in labor organization. Business Representative/	The state of the s	
A. Held an interest in, engaged in transactions (including loans) with, or omeganization of the same an employer whose employers your organization. 6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
менте за политично на начано на нека напримента измента и подот в нека на доменте нека доменте на доменте на доменте на доменте на начание начание на нач	production of interest, frainsaction, or income.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City		
State ZIP Code + 4	The contract of the Contract o	
Signa	ture	
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the sect	erjury and other applicable penalties of the law, that all of the information	
Signed Darell (Mouth)	On 08/05/05 816-921-1700	
· ·	Date Telephone Number	

Hame or Person Filing Darell W. Chavis		File Number U-
B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business s actively seeking to represent, or	
Name and address of Business (including trade name, if any).		
Name	9. Business deals with:	
Trade Name, if any:	a. Labor Organizati	on
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	J.
Name		maken program and the program of the state o
Trade Name, if any:		The state of the s
P.O. 8ox, Bldg., Room No., if any	TO SECOND	The Consequence of the Consequen
Street		
2ity	. 11.b. Approximate dollar value	
State ZIP Code + 4	12.a. Nature of interest held of	If income received.
The state of the s		19 to
	12.b. Amount,	
Received from any employer (other than an employer covered un		
any payment or mon	ider parts A and B above) ey or other thing of value.	
i.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
ame Arnold Newbold Winter Jackson		
rade Name, if any:		
.O. Box, Bidg., Room No., if any Suite 1600	Christmas Gift	Certificate
treet 1125 Grand Boulevard		
kansas City		
tate MO ZIP Code + 4 64106-2503		
3.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.	
n LM-30 (2003)		\$50.00

Name of Person Filing Darell W. Chavis	
la .	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name - Continue to the continue of the contin	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	The state of the s
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	The solution of the solution o
City	11.b. Approximate dollar value of such dealing.
State	12.a. Nature of interest held or income received.
*** *** **** **** ********************	
	12.b. Amount.
Received from	and the second programmer and the second pro
 Received from any employer (other than an employer covered uncor from any labor relations consultant to an employer any payment of mone 	der parts A and B above) ey or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name Mark & Burkhead	
Trade Name, if any:	Charles and City of the City o
P.O. Box, Bldg., Room No., if any	Christmas Gift Certificate
Street 4501 Emanuel Cleaver II Boulevard	
City Kansas City	
State MO ZIP Code + 4 64130-2368	3
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.
- Contonant A	\$25.00